

**Mapping of Legal and Policy Framework on ICPD25:
Human Rights-Based Approach to GBV
REPUBLIC OF DJIBOUTI**

EXECUTIVE SUMMARY

1- Country Profile

The Republic of Djibouti gained its independence on 27 June 1977. With a surface area of 23,200 km² it is located in the region of the Horn of Africa at the entrance to the Red Sea opposite Yemen. It shares its borders with Eritrea, Ethiopia and Somalia and has a maritime space of 7. 200 km²coasts of 372km. It is a member of the United Nations Organization (UNO), the African Union (AU), the Arab League (AL), the International Organisation of la Francophonie (OIF), the Inter-Governmental Authority for Development (IGAD¹), the Organization of Islamic Cooperation (OCI), the International Monetary Fund (IMF) and the World Bank (WB).

The State of Djibouti ensures equality to all before the law without distinction to language, race, origin, race, sex or religion. Its Motto is “Unity-Equality-Peace”. Its official languages are Arabic and French. Djibouti is a democratic Republic, sovereign, one and indivisible. Its principle is government of the people, by the people and for the people. The territory is divided into 6 regions: Djibouti-Town the capital which is divided into 3 Councils (RasDika, Boulaosand Balbala) and the 5 inland regions (Arta, Ali-Sabieh, Dikhil, Tadjourahand Obock).

Statistical Data of Djibouti

Population	<ul style="list-style-type: none"> • 976,107 inhabitants (516.046 (53% men; 460.060 women (47%) in 2019. • Population growth of 2.8% per annum. 1,053,000 in 2020 • Life expectancy 52.9 years, (51.8 years men; 54.1 years women) • More than 72% of the population lives in urban areas of which the majority is in Djibouti-Town the capital. • Close to 8.4% of the population is affected by a disability. • 32,140 refugees and asylum seekers as in 2021 • 9,351 migratory movements were observed in September 2021
Social Indicators	<ul style="list-style-type: none"> • Rate of extreme poverty: 21.1% • Rate of overall poverty: 35.8% • IDH = 0.524(166th position out of 189 in 2020) • Low Income country, lower than the average IDH = 0,705 of Arab countries. • MMR (Maternal Mortality): 248 deaths for 100.000 living births • CMR Child of less than 1 year): 41.06 deaths for 1.000 living births • TMIJ (Child of less than 5 years): 85 deaths for 1,000 living births • SAR Primary: 94.05% Percentage girls: 46.3% SAR Overall average: 72.49 % Percentage girls: 46.2 % • SAR Secondary general and technical: 47% Percentage girls : 41.6 % • Adult Literacy Rate: Men (63%); Women 43% • Working age population before gaining employment: 36.4% Men; 11.6% Women • Unemployment Rate (15-59 years): Men 23.1%: Women 38.2% • Youth Unemployment Rate (15-24 years): Men 84.1%: Women 88.8% • Youth Unemployment Rate (15-34 years): Men 57.4%: Women 75.5% • Percentage working in the public sector: Men 56.4%; Women 37%

¹ The member countries of IGAD are: Djibouti, Ethiopia, Eritrea, Kenya, Somalia, South Sudan, Sudan and Uganda. The Headquarters of IGAD is Djibouti, in the Republic of Djibouti.

Gender-based Violence (GBV)	<u>Types of violence reported to CEIO in 2018</u> <ul style="list-style-type: none"> • Sexual assault or sexual violence: 11 • Psychological or emotional abuse: 233 • Rape: 2 Total: 246
Female Genital Mutilation (FGM)	<ul style="list-style-type: none"> • FGM prevalence/All ages: National (70.7); Urban (69.1); Rural (78.6) • Young girls 0-10 years: National (21.1); Urban (15.9); Rural (41.5) • Women's opinion on the practice of FGM: To be continued (38.2); To be stopped (46.1)
Early Mariages	<ul style="list-style-type: none"> • Rate of early marriage (%): 13.3%: Urban (10.3 %); Rural (26.3 %) • Rate of child marriages (10-14 years) 3.3%: Urban (2.1 %); Rural (8.3 %) • Rate of child marriages (15-17 years) 10.0 %: Urban (8.2 %); Rural (18.1 %)

The region of the Horn of Africa is characterised by political and socio-economic instability which breeds armed conflicts, uncontrolled migration and cross-border insecurity. The popular adage states that: « *The Republic of Djibouti is a peace haven in a troubled region and is surrounded by countries that are permanent fighting wars*». Despite this background, the country is experiencing a situation of stability which enables it to focus on its growth and development.

2- COVID-19 Pandemic

During the COVID-19 crisis, many measures were taken by the government. **In order to ensure the security of communities and vulnerable persons**, the responses were structured in a manner **not to leave anybody aside**». The social register regrouped 62,752 households in 2020 as against 44,000 in 2018. The government immediately provided support in the form of food coupons to 37,657 poor families which were distributed throughout the territory. Job losses were estimated at least 34,754 of which 20,000 were in the formal sector and 13,754 in the informal sector and which would have affected at least 168,778 persons living in households. In order to mitigate these adverse consequences, a National Solidarity Fund (FSN/COVID 19) was created and was endowed with one billion Djibouti Francs (FDJ). The government also carried out a macroeconomic evaluation of the impact of Covid 19 in consultation with development partners. Based on this evaluation, the government has developed a **NATIONAL SOLIDARITY PACT**. Social, economic and budgetary measures were taken. A response plan to the SNU was implemented to support the Pact.

The crisis also impacted considerably on maternal and infant health and sexual and reproductive health of adolescents and youths. Health services were mobilised to give priority to the detection of and support to patients affected by COVID-19. But these services were overwhelmed. Under these conditions, women's access to pre and post-natal health care as well as to contraceptives in order to plan their pregnancy was upset. Furthermore, a substantial proportion of adolescents and youths have no knowledge of contraception; the prevalence of contraception concerning them remains very low (12.48%).

The epidemic also highlighted the pressure points affecting women and girls through a range of key issues among which is the increase of the cases of violence against women. Social as well as domestic violence increased sharply. In 2019, 1,129 cases of sexual violence were registered. The government waged a fierce battle against GBV with the help of development partners. Measures to which Djibouti gave priority in the fight against GBV aimed at strengthening Listening, Information and Orientation Cells (CEIO) through the signing of a Reference National Protocol on GBV.

In September 2018, the study on the cartography of programmes, norms and services to respond to GBV in the Arab region, launched by UNFPA Regional Bureau made it possible to develop a range of essential services for victims of GBV.

Furthermore, eradicating Female Genital Mutilation or FGM has always been one of the objectives of the government which has been multiplying sensitization and discussions with the various segments of the Djiboutian society and at the regional level. A Symposium of religious leaders of the sub-region to completely abandon FGM was held in December 2020. This event brought together participants from countries of the sub-region, namely Ethiopia, Somalia, Somaliland and Sudan, as well as the Oulemas and Imams of the Republic of Djibouti. At the end of this Symposium, the religious leaders drafted « ***the Djibouti Declaration of the Religious Leaders of the Sub-region for the total abandoning of FGM.*** »

Concerning early marriages, a study was launched in the region of the Middle East and North Africa (MENA) in order to measure the prevalence and examine the reasons for child marriages among the displaced population.

Lastly, the National Assembly recently adopted Law N° 66/AN/719/8th L, to protect, prevent and support women and children who are victims of violence on 13 February 2020.

Scope of the Legal and Policy Framework on Human Rights and GBV in Djibouti

- **Legal domain**

To develop a legal framework conducive to the implementation of human rights, Djibouti elaborated all the international and African regional instruments related to human rights and adopted and promulgated the various laws related thereto. The government has therefore endorsed its commitment made in favour of human rights and is regularly submitting its periodic reports. However, the government has not yet ratified the Arab Charter on Human Rights.

- **Policy domain**

The Government has elaborated a development vision for the country up to 2035. This is known as « **Vision, Djibouti 2035** ». The first five-year Strategy focused on Growth and Job Promotion for the period spanning from 2015-2019. A second five-year Development Plan was launched in July 2020 «Djibouti HERE, 2020-2024 » but the COVID-19 pandemic came and upset the implementation process. Furthermore, the Government has also designed and elaborated numerous sectoral policies and strategies, including persons living with disability for refugees and migrants within the framework of its cooperation with the UNHCR and IOM.

- **Parliamentary Plan of Activities on human rights and GBV**

During the past three years, activities undertaken by the Parliament were remarkable among which are, the creation of a Parliamentary Commission human rights and building the capacity of Parliamentarians for a greater mainstreaming of human rights, the creation of a parliamentary Women's Caucus on population and development, the creation of a Parliamentary Group on Population and Development (GPPD) in December 2019, the launching of "Parliamentary Caravans on GBV", **the organization of a Inter-regional Parliamentary Conference on the Monitoring of CIPD which culminated in the elaboration of a Roadmap** for more urgent and intensified measures, with a view to implementing ICPD25 commitments and speeding up the process of achieving the SDGs by the year 2030.

3- How the legal and policy framework protects the population of Djibouti ?

- **Legal domain**

Djibouti has developed a substantial number of legal instruments over the period spanning from 2010-2020 for a greater gender equality and equity and to prevent and fight against violence against women, for example: the law on legal assistance, the new legal map by the creation of courts in constituencies which till then did not have any, the creation of a training structure for professionals of the legal

profession, good judicial governance through access to justice, the provision of quality justice and the adoption of the law on the protection of women and children against violence.

- **Policy domain** To protect the population, the government has developed numerous policies and strategies, as well as plans and programmes in the domain of health, education, protection of the child, social protection, women empowerment, gender equality and also for people with disabilities...including refugees and migrants

- **Essential services put in place to protect the population**

The essential services that have been put in place to protect the services are health centres, listening, information and orientation cells for women and young girls who are victims of GBV, social workers, community management centres in the regions, Community Associations² in rural areas, the National Agency for persons with disabilities, centres for the Protection of the Child, Civil Protection Service, Courts, Police and Gendarmerie, national NGOs Associations including refugee camps and Orientation and Welcoming Centres for migrants (COAM), as well as international organizations.

4- What are the approaches, good practices, lessons learnt and intermediary operational legal and policy measures to be undertaken in order to address the possible shortcomings identified in promoting human right and preventing GBV?

- **Good practices and innovative initiatives**

Among the good practices and innovative initiatives, it is worth mentioning, among others, the creation of the Observatory centres, the publication of the first Gender Statistic Directory, the realization of numerous studies and researches in order to know the situation of women and children throughout the country, the creation of Community Associations in the regions, the creation of the National Family Solidarity Programme, the creation of the Social Register, the creation of social networks, creation and rehabilitation of primary schools and health centres in the village of Daasbiyo in the region of Ali-Sabieh, which made the inhabitants who had left the village to return, as well as the creation of the Network “SHE and THEY”, a UNFPA innovative initiative, in order to sensitize women and young girls on reproductive health and GBV through outreach activities.

- **Lessons learned, proofs and identified possible shortcomings**

Policy domain, during the past years, the government of Djibouti has developed and implemented numerous sectoral policies and strategies. If in the majority of cases, these policies and strategies were developed based on human rights, most of them have suffered from ineffectiveness and encountered numerous problems in management and implementation and above all in the mobilization of funds from development partners.

Legal domain, many laws have been adopted and promulgated. But it is at the level of their implementation that the problem arises. For example, the law on FGM has never been implemented. The perpetrators of these harmful practices have never been sanctioned as provided for by the law. Furthermore, the legal instruments that the country has ratified are not disseminated and the laws that the country has adopted are not known by the general public who for the most part are illiterates.

- **Intermediate legal and policy measures to be undertaken**

In light of the lessons learned and the shortcomings observed, both at the legal and policy level, the intermediate operational measures to be undertaken are in the domains of training and communication.

² The populations are not yet organized at the community level in order to strengthen and protect their environment. They are first and foremost the actors of their self-protection, by putting in place community mechanisms and adopting strategies that are resilient to shocks.

In ministries, it entails first and foremost building the capacity of administrators and training policy and programmes managers on human rights based approach, result-centered management, as well as gender approach. For the general public, it entails developing a communication strategy adapted to the reality on the ground and the public. This will entail mobilizing associations and civil society NGOs in order to develop for example, grassroots activities, disseminate the laws and instruments of human rights ratified by the country, and this, in all the languages of the country. It also entails in this regard, elaborating the training modules for schools.

5- Conclusions

In light of the analysis done, Djibouti has gone through important stages since 1994 in order to concretize the CIPD commitments both in the legal and policy domains. However, 25 years after, it has been observed that the progress made has been unequal, slow and particularly mixed in the field of gender equality, maternal health and family planning, and well as in the domain of the sexual and reproductive rights of adolescent and youths and the fight against GBV. This progress has not met the expectations. Most often, health services³ and protection against GBV, which women and girls are so badly in need of, are not always available, especially in the regions within the country. The indicators of women's health are still below the targets and indicators of the Sustainable Development Goals. Indeed, Djibouti is not still providing women and girls the information and services they need. Numerous women and girls are living in poverty and precarious situations, especially in rural areas.

Any real solution should consequently address the root causes that are preventing women from taking decisions concerning their own health and choosing if they wish to be pregnant or not and how many children they wish to have, and when.

Although the government has elaborated several five-year national health development plans and fight against GBV, the effects tend to be limited, given that structural, cultural or religious obstacles are preventing many women from accessing these services. In fact, **the major problem that is persisting in Djibouti, is the coexistence of several laws (modern law, religious or Islamic law from Char'ia and customary law among which are Issa law and Afar law) that are involved.** So long as these obstacles are not lifted, the problem posed by the coexistence of these laws will still persist. For example, at the national level, it is still a taboo to talk about sexual rights and abortions.

Another important problem is that of respecting, disseminating and protecting human rights which are not yet promoted and disseminated. A majority of the population does not know its rights because they are not continuously promulgated and disseminated over time.

That said, the recent initiatives taken by the Parliament of Djibouti (see above) are laudable. However, these initiatives have not yet had much impact on the ground because of the pandemic.

The Djibouti Parliamentary Group on Population and Development (Groupe Parlementaire sur la Population et le Développement de Djibouti: GPPDD) should act accordingly for the speedy implementation of the Nairobi ICPD25 Declaration and the Djibouti Commitments following the ICPD25 organized in Djibouti in October 2019.

6- Recommendations

The recommendations made are of two levels: i) the first recommendations are addressed to the government; ii) the second recommendations are addressed to Djibouti Parliamentarians.

³ Health services are often concentrated in Djibouti-Town and in the headquarters of the inland regions. The situation of women and young girls living in remote areas are radically different when it concerns obtaining the services they need.

I- Recommendations to the Government

- 1- Carry out a new population and housing Census.
- 2- Develop a National Literacy Strategy for adults, men and women. A substantial portion of men and women are still illiterates.
- 3- Develop a Strategy for the promotion and dissemination of human rights at the national level for the general public. A majority of the population does not still know its rights.
- 4- Train truly qualified and competent development policy, strategy and programme managers in the public administration.
- 5- Develop Regional Development Plans (RDP) for the 5 regions of the country. Poverty is still rife in rural areas.
- 6- Elaborate a national Policy on gender equity and equality.
- 7- Enhance the participation of women in the elaboration of laws, policies and programmes.
- 8- Put in place comprehensive, coordinated and quality health services in the domain of reproductive health accessible to all in accordance with the CIPD Programme of Action.
- 9- Take urgent measures to remove the obstacles encountered in maternal and reproductive health services and within the services of violence against women.
- 10- Provide comprehensive sexual education to the youths.
- 11- Promote and protect the sexual and reproductive rights of adolescents and youths

II-Recommendations to Parliamentarians

Parliamentarians constitute an “essential link” between the population and their governments, they should therefore play an essential role in the defense of their rights and their needs; namely:

- 1- Adopt a law on the population and development that incorporates the principles and recommendations of the CIPD Programme of Action.
- 2- Adopt a law on maternal and reproductive health incorporating the sexual and reproductive rights of adolescents and youths.
- 3- Adopt a law instituting gender equality and the representation of decision-making authorities which is still being considered by the National Assembly for almost a year now.
- 4- Put in place the Gender Caucus whose creation has been announced by the Speaker of the Parliament.
- 5- Put in place the Work Plan on the defense of human rights.
- 6- Continue with the “Parliamentary Caravan” initiative in the 5 regions and particularly in rural areas in order to sensitize the communities on maternal health and on the fight against GBV.
- 7- Put in place the Roadmap of the African and Arab Inter-regional Group of Parliamentarians on Population and Development emanating from the meeting held in Djibouti in February 2020.
- 8- Implement the recommendations of Webinar⁴ on the Leadership of African Parliamentarians in the implementation of the CIPD25 commitments during the pandemic.
 - 8.1- Put in place a platform between Parliamentarians and the Civil Society.
 - 8.2- Parliamentarians should get involved in sensitization actions and should exercise an oversight role on financial institutions and monitor the implementation of laws.
 - 8.3- The various financial institutions, international partners, such as UNFPA, APDA and other civil society organizations (CSO) should support the Parliament and parliamentarians in their development programmes in order to address the new challenges.
 - 8.4- Parliamentarians and women in particular should focus on the commitments made in favour of “Three Zones” of the CIPD Agenda.
 - 8.5- Countries should adopt laws that specifically address violence against women, have the courage to effectively implement them and ensure the monitoring of results.

⁴ Djibouti Parliamentarians did not take part in this Webinar which was held in 2 phases, on 19 January 2021 (phase 1) and 9 March 2021 (phase 2)